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A CASE OF EMPYEMA TREATED BY FREE INCISION.[1]

BY C. L. HUBBELL, M. D., OF TROY, N. Y.

WITHIN the last few months, in reading a number of the JOURNAL, I saw a communication by Dr. John G. Blake, of Boston, which was read before the Boston Society for Medical Observation, entitled Treatment of Empyema by Permanent Openings in the Chest. Four cases were reported, three of which were successful, and it was afterwards ascertained that in the unsuccessful one the failure was not attributable to the operation or the disease. I was so impressed with the practicability of the operation, nay, the necessity of it in many cases, that I then resolved to employ the method at the earliest opportunity in my practice.

On the 10th of January last I was called to see a little girl, between three and four years of age, who with her twin sister had the week before gone through an attack of measles without medical attendance. I found a severe case of pleuro-pneumonia of the left side, involving the entire lung, which, as a sequel of the measles, had been going on unchecked for three or four days.

The more acute inflammatory symptoms subsided in the course of a week, but it was evident that all was not right with the little one, and I feared permanent damage to the lung. So much improvement was manifested, however, that I ceased attendance, having placed the patient on tonics, with milk diet and cod-liver oil. During the next two months I saw the child occasionally, and at times there seemed to be an improvement in her symptoms; at all events she was no worse. But early in April I felt satisfied that the case was one of empyema. There was no bulging of the intercostal spaces, but there was universal dullness over the left side, and entire absence of respiration. The cough was incessant day and night; the appetite was failing; there were night sweats, and occasional attacks of dyspnœa. I urged an operation to the parents as the only means of saving their child, but they were "afraid she was too young to stand it," and desired me to postpone surgical measures, to see if she might not yet improve.

[1] Read before the Rensselaer County Medical Society, May 11, 1875, by C. L. Hubbell, M. D., President.

She steadily failed, however, and on the 24th of April colliquative diarrhœa set in, lasting two or three days; the emaciation had become extreme, the feet and ankles were œdematous, the pulse was 170, and the countenance began to look death-like. The parents having at last consented to an operation, assisted by Dr. H. B. Whiton I removed by the aspirator eight ounces of thick pus, all that would come through the needle of the instrument. The diagnosis was now confirmed; the night following was the best the patient had passed in a long time, and the next day she appeared much brighter, though feeble. I felt the more anxious now to do all that ought to be done, although the condition of the child, after so long a delay, was a very unpromising one for any operative procedures. By the 30th of April, six days after the use of the aspirator, symptoms had become very urgent again, and after having administered ether, assisted by Dr. George H. Hubbard, I made a free incision into the cavity of the chest, a little more than an inch and one half in length, in front, and near the lower angle of the scapula. More than a pint and a half of somewhat fœtid pus was discharged; the position of the patient was changed, and with the aid of a canula the pleural cavity was thoroughly evacuated. The night following this operation was passed very comfortably, and the next day the pulse fell from 170 to 140. By means of an oakum tent, which at the same time facilitated drainage, the opening was prevented from closing.

May 2d, I again introduced the canula, and got two or three ounces of thick, laudable pus, evidently an improvement on that of a few days previous. Then, having adjusted a double silver catheter in the opening, and a syringe being nicely fitted to one tube, I injected one quart of warm water at a temperature of 98°, with a few drops of carbolic-acid solution in it. In a few moments the fluid began to run out just as clear as when it went in, and it was evident that such thorough rinsing and cleansing of the diseased, pus-secreting pleural surfaces must be attended with great benefit. I should have added that in consequence of the irritable condition of the child ether was administered, and that I was assisted by Dr. H. B. Whiton.

The day succeeding this injection was passed in great comfort; the pulse had fallen to 128; the appetite was enormous; the diarrhœa had ceased, and the little one for the first time played some with her doll. After the date of the first injection the syringing was repeated at intervals of a day or two, and the improvement was steady and marked.

I think within a week from the present date, May 11th, the opening can be safely allowed to close. No ether is now administered, nor is any tube left in for purposes of drainage. At one time I placed a short double gum elastic bougie in the wound, thinking to leave it and inject through it; but I soon found the annoyance from its presence was much greater than from the daily introduction of the catheter. Dr. Blake

reports that, in one of his cases, he fastened in the wound a tube made somewhat after the pattern of a tracheotomy tube, but that it was abandoned in a day or two.

I think there can be no doubt as to the propriety of these operations, and I venture to predict that the time will soon come when it will be considered a far more criminal matter to neglect such practice when the great cavities of the body with their vital organs are involved, than to omit the evacuation of pus from superficial abscesses, which we always agree should be done as soon as the presence of pus is diagnosticated. Now that we have the aspirator, that harmless but life-saving instrument, as an aid in diagnosis, there is no excuse for not doing all that should be done. Physicians have always feared the admission of air to serous surfaces, and we were taught the importance of making a valvular incision in performing the operation of paracentesis thoracis in order to avoid atmospheric contact, but it is found now that the largest percentage of success in ovariotomy is obtained where free and complete drainage is established, thus avoiding septicæmia and peritonitis.

Note. — At the present date, August 17th, the little patient whose case is here related is apparently in perfect health, and the respiratory murmur is clear and distinct over the whole lung. In conclusion, I will only say that the lesson taught me by this case is to recognize early the presence of pus in the thoracic cavity after pleuro-pneumonia, and then at once to evacuate it, and keep the cavity drained and cleansed until it is evident that a healthy action is restored. The narrow escape from death in this instance demonstrated to me that many valuable lives might be saved by employing seasonably this means for their safety.

A COMPLICATED CASE OF LABOR.

BY J. O. MARBLE, M. D., OF WORCESTER.

At half past six A. M. of September 17, 1875, I was called to attend Mrs. K., aged thirty-four, in her fourth pregnancy, in labor about an hour. I was speedily at her side, having attended her in a very rapid labor less than two years previously. I found her walking about, with severe pains; she said that she "knew something was wrong," and that a deluge of water had just escaped from her. I had her bed prepared, and after much urging persuaded her to lie down. On making a vaginal examination I found the os fully dilated and a soft mass presenting, which I at first took to be a shoulder. Making further exploration I distinctly felt a head lying to the left of the soft mass, and firmly pressed against it. A little further manipulation convinced me that I had to

deal with a twin labor, and that the soft mass was a breech. Remembering the increased danger to the child when the first of twins is delivered by the breech, I introduced two fingers of my hand into the vagina and attempted to press back the breech, and so to allow the head to engage; but my efforts were vain, for at the moment a violent contraction of the uterus drove the breech through into the vagina, and two more expelled the body of the child as far as the shoulders. The uterus then relaxed, and no pain recurred for several minutes. In making traction upon the body of the child I found the head as firmly held as if in a vise. There was already little pulsation in the cord, and the extremities were becoming blue. A large quantity of meconium was passed. Feeling the necessity of speedy delivery, and believing the heads to be locked together, that of one lying beside the neck of the other (as in the case described in the last edition of Cazeaux[1]), I insinuated my hand along the chest of the child up to the second presenting head, and, as the pains fortunately were now entirely suspended, succeeded in pushing it back, at the same time making strong traction with the other hand upon the body of the partially delivered child. I then succeeded in passing one of the fingers, with which I had pressed up the second head, into the mouth of the other, drew its chin close upon its chest, and, imitating nature in making rotation as far as possible, had little further difficulty in delivering the fœtus. The child appeared to be dead, but by the usual means it was soon made to gasp, and then to cry lustily.

While I was occupied in its resuscitation a single powerful contraction brought the second child into the world, enveloped in the amnion, having "taken the veil" along with it. I ruptured the amnion, which contained about four ounces of fluid, and to my surprise the diminutive thing cried out sharply, though feebly. The first child weighed nine and three quarters pounds; it was remarkably well developed and of a healthy pink color. The second weighed scarcely five pounds, and was covered with the thickest coating of vernix caseosa I have ever seen; it had the most ludicrous pinched and old expression of face. Both the children were females. The placenta was common, with the two cords at about equal distances from centre and circumference; its diameter was nine and a half inches. There was no difference apparently in its sides, and one child's source of supply appeared as good as that of the other. The same chorion embraced them both, but each had its own amnion.

The circumference of the head of the larger (corresponding to the sub-occipito-bregmatic diameter) was thirteen inches; that of the smaller ten and a half. The mother's pelvis is very capacious. The three patients are now perfectly well, the pygmy rapidly gaining on her larger sister.

[1] Page 865.

RECENT PROGRESS IN THE TREATMENT OF THORACIC DISEASES.[1]

BY F. I. KNIGHT, M. D.

Peripleuritic Abscess. — Bartels[2] reports the following cases and remarks:

Case I. The patient was a sailor twenty-five years of age, who contracted syphilis at nineteen. Eight weeks before his admission to the hospital he had a severe chill, and was delirious several days. This was followed by a moderate amount of pain in the right chest, dyspnœa, cough, and expectoration, the patient feeling himself quite sick. During the latter part of the time, the right half of the chest was more distended, the dyspnœa less, and the appetite better. On the patient's admission to the hospital, June 1, 1872, there was complete aphonia occasioned by paralysis of the left recurrent nerve. He was anæmic, with a slightly cyanotic appearance; he was feverish, and suffering from dyspnœa; his temperature was above 39° C., his pulse above 120. The right side of the chest was almost motionless, and flattened above; but below, especially in the middle, it projected. The fifth and sixth ribs were the most prominent, and over them the soft parts were œdematous. The fifth intercostal space was strikingly wide, whilst the upper ribs were crowded closely together. In the fifth intercostal space one could distinctly feel deep fluctuation, and in this situation the tension of the soft parts was diminished by every inspiration, and clearly increased by every expiration. The right half of the chest measured about three centimetres more than the left. Percussion gave flatness over the lower part of the right chest, the upper border of which ran horizontally in the third intercostal space, but sank towards the back. Above the dullness there was weak tympanitic, and above the clavicle normal resonance. There was no vocal fremitus where flatness existed; but above, the vocal fremitus was stronger than on the opposite side of the chest. Auscultation on the right gave laryngeal respiration above, and some ringing râles, and in the region of the dullness indeterminate respiration. The left lung was normal. The heart was normal in position and sounds, but there was pericardial friction râle at the left edge of the sternum. Under the cartilages of the ribs on the right, the edge of the liver was felt to be indurated. There seemed to be no doubt that there was a collection of pus under the ribs on the right side. The line of the dullness and the absence of displacement of the neighboring organs spoke against a purulent pleural exudation. And yet the pus was inside the chest-wall and above the diaphragm; for the

[1] Concluded from page 421.

[2] Deutsches Archiv für klinische Medicin, xiii. 1 and 2; Vierteljahrsschrift für die praktische Heilkunde, 1875, ii.

tension of the abscess-wall diminished with every inspiration and became greater with every expiration. The diagnosis of peripleuritic abscess was made and immediately confirmed by an exploratory puncture. The canula could be freely moved in the cavity of the abscess, but met with resistance at a depth of three centimetres. A pustular elevation developed afterwards at the place of puncture, which opened itself, and discharged healthy-looking pus. Later, the pus became profuse and offensive. After widening the opening and resection of a piece of rib, extensive burrowing of the abscess was found. By antiseptic treatment, the pus-formation was improved, and the general condition continued tolerably good. Towards the end of August, dropsy appeared, and in the urine, which was scanty, white blood corpuscles and cylindrical casts were found. The dropsy increased rapidly, the pus became offensive again, profuse diarrhœa followed, and the patient died December 1st.

The autopsy showed extensive peripleuritis on the right side with perforation outwards; compression and chronic interstitial pneumonia of the right lung; parenchymatous nephritis; concretions in the pelvis of the kidney; syphilitic orchitis of both sides; anasarca; hydrothorax on the left side; and obliteration of the pericardial sac.

Case II. A man twenty-five years of age was taken sick in the middle of October, 1872, with a chill and pain in the left chest. Four weeks afterwards a large amount of pus was evacuated by an incision in the fifth intercostal space (in the axillary line). On admission, December 12th, the front of the left chest from the second to the fifth rib protruded, and the skin here was œdematous. In the axillary line there was a fistulous opening, through which a sound could be passed behind the fifth rib, downwards, to the extent of five centimetres. The left half of the chest participated but little in the respiratory movements. Percussion gave clear resonance in front down to the third rib, and dullness from here to the fistulous opening. Below this and throughout the back the percussion sound was quite normal. Indeterminate respiration was heard over the region where dullness existed; everywhere else the respiration was vesicular. In the urine were found albumen, numerous casts, red and colorless corpuscles. Whilst the fistula grew smaller, the fever continued and the œdema increased. At the end of December a fluctuating tumor formed upon the sternum, and on the 4th of January a distinct fluctuation was noticed deep in the fourth intercostal space. The abscess over the sternum was opened, and a communication of the two abscesses was established by the introduction of a female catheter behind the fourth rib, and the opening of the fourth intercostal space at the prominent point. A drainage tube was now introduced, and rapid recovery followed. The patient was discharged February 25th. The thorax was normal in shape, and percus-

sion and auscultation gave normal sounds, except that the edge of the upper lobe of the left lung had lost its mobility over the pericardium during respiration.

Case. III. A girl ten years old had been maltreated in anger by her mother, and presented on examination, October 1, 1872, a fluctuating tumor of the size of a two thaler piece, under the right shoulder-blade near the spinal column. It projected about one centimetre above the surrounding skin. The tumor became more tense with every expiration, more relaxed with every inspiration. There was dullness over the tumor; everywhere else the percussion sound was normal. The child also had hip-disease. She died October 12th.

The autopsy showed purulent coxitis, ulcerative endocarditis, embolic infarctions in the spleen, kidneys, and other places. The lower lobe of the right lung was pushed forward, compressed by an incapsulated purulent pleuritic effusion. Opposite the ninth rib on the right, about five centimetres from the spinal cord, was a round opening in the pleura costalis. At the bottom of this lay the ninth rib bare of periosteum, and the pleura costalis was separated from the ribs.

Bartels says that in the first two cases there appeared no sufficient cause to explain the extensive superficial inflammation of connective tissue poor in vessels and nerves. In the third case the cause was traumatic. According to observations hitherto made known, subpleural abscesses have little tendency to rupture inward. In the latter case, however, this occurred. The frequent complication of peripleuritis with diffuse inflammation of the kidneys, which seldom seems to exist with extensive purulent cellular inflammation elsewhere, is worthy of mention. In the first case there was some danger of confounding it with empyema; but empyema pushes the ribs out symmetrically, and stretches the intercostal spaces symmetrically. Peripleuritic abscess leads more quickly to purulent infiltration of the intercostal muscles, and causes thereby a marked separation of two ribs, whilst the upper ribs seem more crowded together. The figure of the dullness differs in the two cases. Peripleuritic abscesses evidently follow in their development other laws than those of gravitation. The entire absence of any displacement of neighboring organs (liver and heart) is of special importance in the diagnosis of peripleuritic abscess. In all the cases observed by Bartels, fluctuation of the pus in the intercostal space, and a relaxation of the abscess-wall during inspiration and a greater tension of it during expiration, were noticed. These appearances are wanting in pleuritic effusion, and fluctuation occurs only if there has been perforation of the costal pleura. The specific gravity of the pus is greater than that from empyema.

The prognosis, as far as can be judged from the reported cases, is not favorable, inasmuch as of eight patients only two got well, two partially recovered, and four died.

With reference to the treatment, Bartels recommends early opening of the abscess; for the earlier this is done the less danger is there of its breaking through the costal pleura, of its affecting the pericardium, of a secondary affection of the kidney, or of pyæmia, and so much the sooner, finally, will a limit be put to the strength-consuming influence of the accompanying fever.

Bartels recommends a free incision, and, in case of a burrowing of the pus, several incisions.

On the Physical Cause of Presystolic Murmurs. — Dr. A. H. Carter, of Birmingham,[1] replies to the doubts of Dr. Harvey, of Aberdeen,[2] in regard to the physical cause and even existence of the so-called presystolic murmur. Dr. Carter insists very strongly upon the existence of a mitral murmur at the end of diastole, which terminates abruptly with the first sound. It seems to us very strange that any clinical observer can doubt the existence of such a murmur, and there is every reason to suppose, as Dr. Carter maintains, that there is strength enough in the contraction of the left auricle to cause the murmur as it forces the blood through a contracted auriculo-ventricular orifice.

A CASE OF HYSTERIA IN A MAN.

BY DR. BONNEMAISON.

Translated from Archives Générales, June, 1875.

BY T. W. FISHER, M. D.

In the month of June, 1874, I was called, with my excellent friend Dr. Ramond, to see M. G——, aged seventy-two years, a bachelor, who suffered from attacks of a peculiar character, and was much alarmed at his condition.

M. G—— is a large man, erect, with a keen eye, an expressive countenance, and a dry and nervous constitution. He received us in the most friendly manner, and hastened to make known in a connected way, with many circumstantial details, the symptoms which his case presented, even to its pathological and physiological antecedents. We knew already, and he himself confirmed the fact, that his mother, who died at the age of eighty-one years, after having enjoyed until her seventy-sixth year the most perfect health, suffered from that time almost without interruption a series of nervous attacks very similar to those which the patient himself presented. Madame G—— died of bronchitis, and had neither paralysis of any kind nor intellectual disturbance other than such as will be described in the case of M. G——.

[1] The Lancet, August 7, 1875.

[2] The Lancet, June 12 and 19, 1875.

A brother of the patient, aged seventy-eight years, has been bedridden for two years, and a prey to the torments of hypochondria, from which nothing diverts him. The voluntary immobility to which he has condemned himself has induced a visible atrophy in the muscles of his body and limbs. Intelligence and memory are intact, but the least emotion or contradiction is sufficient to excite him beyond his self-control, so that he speaks in a broken yet rapid manner. The words come easily, and always express his meaning; they usually consist of complaints, reproaches, and manifestations of fear on account of his disease. All the functions of nutrition are well performed, though sluggishly. There is no trace of paralysis. There exists a single painful point, sometimes very sensitive, at the centre of the occiput.

M. G——, after having many times interrupted his narration with moans, sighs, and ill-concealed impatience, came to his own case. He told us that twelve years ago he experienced for three years three or four attacks daily. In the night they usually began with nightmare; during the day they were preceded by different sensations, especially by pain at the pit of the stomach. There was at this time no sensation of arterial or cardiac pulsation; neither dyspnœa nor suffocation. The epigastric aura then ascended along the sternum to the throat, glottis, and mouth. A kind of irresistible convulsion occurred in the muscles of the parts traversed by this aura or vapor, and the patient cried out, barked, or mewed for some minutes.

At other times the convulsions seized the muscles of the larynx and mouth, at the same time with the hands and arms, and the patient repeated many times in succession, "Rantanp'an, rantanplan," and also performed with his arms rhythmic movements, as if beating a drum. Under other circumstances he began dancing vigorously, sometimes without any provocation, at others impelled by the sound of an organ in the street, or of some other instrument. At church, when the organ played, M. G—— shed copious tears. These attacks, during all of which consciousness was preserved, lasted from a quarter of an hour to an hour, and ended by an abundant emission of clear and limpid urine or by a flood of tears. M. G—— never experienced any sexual feeling, and the genito-urinary organs did not appear to have the least influence on his condition. The attacks were followed by no serious fatigue, and he was able to resume his ordinary occupations. He was irritated on account of not having been able to control his movements, and of not having exerted as much will as his perfect intelligence seemed capable of.

All his functions were performed well in the intervals. Nutrition was never altered, his movements were correct and well coördinated, his mind was active and well balanced. He could not explain his state, and looked in vain to his past history for anything of a pathological

nature; rheumatism, gout, diabetes, albuminuria, syphilis, venereal or other excess had never existed.

Under a skillful physician he pursued the hydropathic system with unusual persistence, which had no other result than to excite his nervous system, and to increase the violence and duration of his attacks; but two seasons at Ussat les Bains produced an improvement, and later a complete cure, which lasted till the month of March, 1874.

At this date M. G——, who enjoyed perfect health and had even gained flesh, though still retaining an extreme emotional sensibility, to which his friends had learned to accommodate themselves, was seized with a bronchitis, without fever, which fatigued him excessively, and exhausted him. It also disturbed the equilibrium of his stomach and nervous system. Gastric disorders followed, — flatulence, constipation, and above all gastralgic pain and cramps; still the appetite was never absolutely lost, and the patient willingly took food, but digested it imperfectly.

The epigastric pain became more severe, especially after meals, though digestion did not become more difficult; and after the month of April this neuralgia, which M. G—— compared to the clavus hystericus, changed to an aura which rose along the sternum and sides to the neck, glottis, pharynx, mouth, and jaws. An attack followed in which all the muscles traversed by the aura were affected. The diaphragm contracted spasmodically, as well as the glottis; this produced hiccough, eructations, sighs, and strange outcries. The buccinator muscles were convulsed as in the action of blowing or whistling. The tongue clacked against the roof of the mouth, and the lower jaw was convulsed in its turn so as to strike the teeth together without touching the tongue. One would have said the patient was about to bite violently any object which was presented; it was not so, however, and if one put a finger between his teeth he remained with open mouth by an effort of will.

Sometimes the attacks were accompanied by movements of one or both of the arms. The fingers played the piano or beat the drum. The arms and forearms acted methodically, as if imitating the movements of the wings of a bird; or they were lifted up, with shrugging of the shoulders, accompanied by outcries and hiccough. At other times the legs and knees were struck together, or the body môved rapidly, particularly from left to right, and finally dance movements, more or less rhythmical, occurred. All the phenomena were sudden, convulsive, and irresistible, whatever effort the patient made. In the midst of this muscular disorder convulsions of the muscles of phonation occurred, and we heard many times in succession the same word, which the patient pronounced distinctly but very quickly, without being able to prevent it. He repeated, for instance, with inimitable volubility, "Pygmalion, Pygmalion, Jean, Jean, Jean, Ramond, Ramond, potage,

potage, chaise, chaise." He knew what he was saying, but spoke without being impelled by any idea or recollection or want which he wished to make known. It was an automatic, unreflecting, convulsive phonation, which expressed nothing, and the patient had nothing to express; moreover, no act or movement occurred to explain the meaning of the word so often repeated. If soup were offered him, M. G—— did not want it; if he was given a chair he refused it; if the person designated approached, he exclaimed, "Rien, rien, rien."

It was only when the attack was well under way that this need of using words without ideas was felt. At the beginning, when the epigastralgia was in all its intensity, before the aura ascended, or while it was rising, M. G—— remained often as if in a state of ecstasy, his eyes fixed, his mouth open, entirely speechless. If, however, he was asked about his feelings, he would reply, "Oh what pain! what suffering! what anguish!" The charm being then broken, words came clear, hurried, and convulsive, like the movements of the body or limbs.

During all the attacks hyperæsthesia of the skin was excessive in all parts of the body, especially in the centre of the forehead, at the pit of the stomach, and along the sternum. The appetite was good, digestion perfect, defæcation normal, thirst ordinary; no sugar or albumen was in his urine, and there was no fever, or paralysis of sensation or motion. His consciousness in the midst of the attacks was perfect; but he was powerless to control the convulsions in spite of all his efforts. In moments of calm he related and minutely analyzed all his sensations, and replied with propriety to all questions. He insisted especially, after the manner of hypochondriacs, upon the danger he incurred of insanity or immediate death.

The attacks happened almost every day, and sometimes lasted a dozen hours. Sleep occurred at times, but it was light and brief, and interrupted by a nightmare, which induced fresh attacks. The convulsions changed in character from moment to moment. M. G—— went again to the baths at Ussat, which, with chloral, amusements, walking and riding, produced such favorable results that towards the end of summer his self-control was restored, though his hypochondria still remained.

TRANSACTIONS OF STATE MEDICAL SOCIETIES.[1]

THE activity of the profession in the States mentioned below has shown itself by the very good reports before us. We can here look only at the general nature of the proceedings, hoping to give at another time special notices of some of the papers which they contain. The addresses are good and mostly practical, not containing more of the glittering generalities than it is unfortunately absolutely necessary that such discourses should. The work is of a high order for the most part. The Maryland and South Carolina Transactions have this in common, that many questions or branches are reported upon by committees or individuals appointed for the purpose. Foremost among these we must allude to the excellent report on what is known as Bright's disease, by the committee of which Dr. Geddings was chairman, to the South Carolina society. It is an admirable review of the subject, beginning with a careful study of the anatomy and physiology of the kidney. We have room only for the conclusions: —

"1st. That the term 'Bright's disease' is no longer available, inasmuch as under this head are included several maladies, both anatomically and clinically distinct from each other.

"2d. That in the present state of our knowledge we are warranted in splitting the group into at least four members: (*a*) passive hyperæmia and sclerosis; (*b*) catarrhal nephritis; (*c*) diffuse nephritis; (*d*) amyloid degeneration.

"3d. That, notwithstanding the fact that these four forms of disease are often blended, they also frequently occur separately, and may be diagnosticated during life, and the special incidental lesions demonstrated after death."

The Maryland Faculty attempts a series of reports on the various branches. That on anatomy and physiology is largely devoted to the question of cerebral centres. The old story of the experiments of Hitzig, Ferrier, and others is gone over, including Bartholow's disgraceful human vivisection, which is mentioned not only without condemnation but with rather a hint that it would be well to confirm his results. If this kind of experiment is desirable, we would venture to suggest that the subjects be taken from the prison rather than the hospital. The reporter, Dr. Kloman, finds much difficulty in the question of the diffusion of electrical currents through the brain, but there is no mention of Dr. J. J. Putnam's experiments.

A noteworthy article is that of Dr. Cochran, of Mobile, on the small-pox epidemic in that city in 1874–75. The whole question is thoroughly discussed in both its practical and its scientific aspects. With regard to vaccination, Dr. Cochran holds that it should be performed in infancy, at puberty, and again in case of serious exposure. Concerning human and bovine virus he believes "that the humanized virus is equally efficacious as a prophylactic; that the humanized virus is many times over less expensive and less inconvenient; that the humanized virus can be preserved more easily and for a

[1] *Transactions of the South Carolina Medical Association*, 1875. *Transactions of the Medical and Chirurgical Faculty of Maryland*, 1875. *Transactions of the Medical Association of the State of Alabama*, 1875.

longer time, and is far more certain to take, the failures, even with fresh bovine lymph, more than doubling the successes." The account of the trouble in vaccinating the ignorant negroes is very comical.

Sanitary matters and the effect of climate and situation on disease are happily claiming considerable attention. Dr. Toner's oration at Baltimore on the medical history and physical geography of Maryland is a very valuable paper. Dr. Gleitsmann read before the same society an interesting essay on the effect of altitude and climate on pulmonary phthisis. The most comprehensive of the papers of this class is that by Dr. Bissell, of Mobile, on the climate of the United States, considered with reference to consumption and pneumonia. We cannot follow the author through so extensive an excursion, but must content ourselves with quoting his concluding remarks, to which we heartily subscribe: —

"But in the name of common-sense and humanity, and for the sake of science, do not send from friends and the comforts of home those unfortunates who have already passed the bounds of curability. If all such cases were kept at home, and all physicians would give the subject of climate the attention its importance deserves, the number of persons benefited at our various health resorts would be proportionally far greater, and the number called to die among strangers, far from home and friends, would be much less."

DUNSTER ON ANÆSTHESIA.[1]

We are at a loss to see why Professor Dunster should have felt called upon to come before the public with this threadbare story. If we did not think it possible that our silence might be misinterpreted, we should take no notice of the pamphlet. It can, however, be dismissed very briefly. Dr. Horace Wells is not entitled to the credit of being the discoverer of anæsthesia for two reasons: first, because the abstract idea was not his; it had found place in the mind of Sir Humphry Davy, and very probably had been taken up again and again since the origin of civilization; secondly, because the abstract idea did not become a reality till Morton introduced ether.

PROCEEDINGS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

F. B. GREENOUGH, M. D., SECRETARY.

April 26, 1875. *A Case of Oxalic-Acid Poisoning.* — Dr. J. B. S. Jackson showed the stomach of a patient of Dr. H. E. Marion, of Brighton, who had given him the following history of the case: —

[1] *The History of Anæsthesia.* By Edward S. Dunster, M. D. (Reprinted from The Peninsular Journal of Medicine, August, 1875.)

"S. S. A., an American, fifty-three years of age, and by occupation a carpenter, left home on a Wednesday morning to collect money that was due him. Nothing peculiar was noticed in his manner before leaving home. He returned about noon, and went directly to his barn (five minutes' walk from the house), took his horse from the sleigh, and put the blanket on without removing the harness. He also put the sleigh in the barn. He subsequently told his family that he lay on the hay about two hours, as he did not feel well. At two o'clock P. M., he walked to his house; his gait was slow and unsteady. When he entered the house he complained of intense pain in his stomach. His face and hands were livid and 'cold as a stone.' He could hardly speak, saying but a word or two at a time. He asked if there was any chalk or magnesia in the house. He took all that was at hand of those remedies. He also took a quantity of 'pepper tea' and 'ginger tea.' He was drawn up on a lounge before a very hot fire, and external warmth was applied. About four o'clock I called to see his sick child in another room. He would not allow any one to mention that he was sick, but persisted in saying that he should soon be better.

"His condition remained about the same Wednesday night and Thursday. Whatever he drank, and he drank a good quantity of water, was soon vomited. Thursday noon, with assistance, he got up from the lounge, got into a chair, and was taken to his bed-room.

"At two o'clock that afternoon, I visited the child again with Dr. Hosmer, of Watertown, in consultation. While Dr. Hosmer was examining the child, the wife said she wished me to see her husband, as he seemed very sick, and she was afraid he had pneumonia. (I mention this as showing that she evidently suspected nothing.) Leaving Dr. Hosmer with the child, I stepped into the other room. Mr. A. was lying on his back, partly dressed. His face and hands were livid and very cold. There seemed to be no capillary circulation; indeed, there was no pulsation in the radial artery, and it was extremely feeble in the brachial. The patient's mind seemed clear, his pupils were normal. The tongue, which he protruded slowly when asked to, was slightly coated. His speech was labored, but a word or two being articulated at a time. Dyspnœa was marked; tracheal râles were very loud, so loud that I was unable to make any satisfactory examination of the chest. I could not even hear the heart sounds. The patient had urinated and defæcated.

"I told him that his symptoms looked alarming, and that I could not account for them. Suspecting something wrong, I asked him if he knew any reason why he should be taken so very sick. 'Yes,' he said, 'I have taken about two tablespoonfuls of oxalic acid, thinking it was whisky.' I called Dr. Hosmer, and he examined the man; it was our opinion that antidotes would be of little avail, since it was now more than twenty-four hours after the poison was taken, and the patient looked as if he must soon die. We advised carbonate of ammonia to be administered by the stomach, freely if it was retained; also brandy and nutritive enemata.

"His condition remained the same until Friday morning, when he became delirious. In his delirium he got out of bed alone. He died at two P. M., on Friday.

"*Autopsy*, twenty-six hours after death. Rigor mortis complete. Lividity not as marked as during life, except on the dependent portions of the body. About ten ounces of bloody serum were in the right pleural cavity; the lungs were œdematous, otherwise healthy. The heart was flabby and larger than normal; the walls of the left ventricle were very much thickened. The left cavities of the heart were empty; the right, together with the venæ cavæ and pulmonary vessels, were filled with dark, soft coagula. The spleen was rather large, dark, and very soft. The kidneys were of about the normal size, and in the gross appearance nothing abnormal appeared, except that they were rather friable. The stomach contained about three ounces of straw-colored fluid."

The stomach, which was received in a perfectly fresh state, was of medium size, fleshy to the feel, if not a little stiffened, and having a somewhat dryish look upon the external surface, like a specimen which, having been in spirit, had been removed, and left for some time exposed to the air. This same surface had a very marked appearance of fine lines running parallel lengthwise, finely set, and giving it a somewhat wrinkled look; and it had to a considerable extent a chalky-white look, like a specimen that had been in a solution of corrosive sublimate. All of the veins about both curvatures were crowded with coagulated blood, and were very firm to the feel. The mucous membrane was quite rugous, and of a color throughout that strikingly resembled dark putty; there being nowhere any redness, abrasion, lymph, or any other indication of inflammation. In consistence it was firm, as were all of the other tissues.

In connection with this case, Dr. Jackson exhibited the plates of Roupell, showing the effects of different poisons upon the coats of the stomach, a work to which his attention had been directed by Dr. Fitz, and which had been imported by Dr. D. H. Storer, when he was connected with the medical college. He also referred to the case published by Dr. White,[1] and to his very full and interesting article upon the subject of poisoning by oxalic acid.

Dr. Wheeler said that this case differed from one which had come under his observation, the symptoms being much less acute.

Dr. Jackson said that the symptoms were certainly not as acute and violent as we should expect in a case of oxalic-acid poisoning, but the patient not only said that he had taken that poison, but was known to have bought a large amount of it.

Dr. White said that the appearances of the stomach were the same as he had seen in other cases. In two or three cases which he had seen, the symptoms had been almost latent. This, however, he supposed to be exceptional.

Elephantiasis of very large Size removed from the External Female Genital Organs; Three large Masses of Straw found in the Stomach and Duodenum after Death. — Dr. C. B. Porter showed the specimens, and the following history of the case was furnished by Helen M. Marsh, assistant physician to the State Almshouse at Tewksbury. The patient was thirty-five years of age, a single woman, and a prostitute. Three years ago the tumor was about the size of the fist, and when it was removed, it hung down to the knees and measured ten inches in diameter. The patient suffered from the weight of the

[1] Boston Medical and Surgical Journal, January 27, 1870.

mass, and, when it was not supported, from great pain, so that she could walk but little. The urine also was constantly dribbling away. In appearance the tumor externally was warty, lobulated, and dark-colored for the most part, as usual; it was fleshy to the feel; it arose mainly from the clitoris and internal labia, and weighed, after removal, four and three quarters pounds. It was supposed, probably from the woman's habits of life, to be owing to syphilis, Dr. M. G. Parker, of Lowell, removed the mass with the galvano-cautery. There was no hæmorrhage, nor any subsequent complaint, except of her stomach and of great thirst; but she sank, and died in two days. The wound meanwhile had contracted well, so that but little was seen of what had been done.

In her stomach were found two balls composed of straw, twigs, twine, tea-leaves, etc., resembling the hair balls that are sometimes found in the stomachs of cattle. From the middle portion, and towards the ends, they gradually tapered to a point, and were there slightly connected. A third mass of similar material was in the duodenum. They were compact in structure, and not at all digested. The stomach itself was not remarkable.

Two years before her death, which occurred March 27th ult., this patient was a healthy-looking woman, and weighed one hundred and seventy pounds, but during the last six months of her life she had become anæmic, and her weight was reduced to one hundred pounds or less. Her appetite was sometimes voracious and sometimes small; and after indulging it, she often vomited. For several years she had been insane, and for nearly four months she was at the institution at Tewksbury. During this last period she had not walked out, but she would often tear her bed to pieces, and scatter the straw around the room. No tendency, however, to the swallowing of such articles had been observed. After the operation, and when the straw was probably in the stomach, she took milk, eggs, beef-tea, and whisky.

The specimens are in the museum of the Medical College.

Case of Pott's Disease in which all the Symptoms disappeared for Four Years. — Dr. Webber reported the case. The patient, sent to Dr. Webber by Dr. B. F. D. Adams, of Waltham, had epilepsy and vertebral caries. Both presented some peculiarities deserving notice. The epileptic fits began at two years of age, at first only three or four a year, and continued till eight years of age. During this time and subsequently the boy screamed at night and started up. Since eight years of age he had screamed at night and started up in bed; he had also stood up and walked off the bed, as if walking on level ground; hence frequent falls occurred. At these times he was unconscious, and would come to himself in the middle of the floor, or while crawling back to bed. These attacks recurred about once in three weeks. The screaming was repeated nearly every night, but the patient was generally conscious immediately after.

About five years ago the vertebral disease was first noticed. The patient and his mother thought he had not injured his back, though he had had severe falls. They laid the origin to his work (pulling cotton out of a bale), which tired his arms. It is probable that the pain and aching from the work were the first symptoms of the vertebral disease. At that time he had pain at

lower part of the left chest, and deformity of the back was noticed. No other trouble came till a year ago, when he lost power in his legs and they became numb. There was at times a tingling in the legs. In three months these symptoms all disappeared, and the patient felt as well as ever. About four weeks ago the same symptoms returned. At present, motion is much interfered with and sensation is much diminished, a deep prick being scarcely felt. The loss of sensation is clearly defined by a line, nearly straight, passing around the body at the level of the ensiform cartilage. There is slightly exaggerated reflex action. The second and third dorsal vertebræ project nearly three inches beyond the cervical. The points of interest are the absence of symptoms referable to the cord during four years (this remission perhaps is due to the position of the disease, the vertebræ being supported by the ribs); the entire intermission in the symptoms during about eight months; the absence of pain or discomfort in riding over rough roads, and when he twisted and turned his body from side to side or forwards and backwards, the motion being very free.

Malformed Heart; Interventricular Opening, and Opening of the Ductus Arteriosus into the Arteria Innominata. — Dr. Jackson reported the case, which occurred in the practice of Dr. Hildreth, of Cambridge, and showed the specimen. The patient was a girl six years old. Her mother gave the following history: She was the fifth child; she was eight months carried. Nothing unusual was noticed about the child till she was two months old; then for the first time she had a "blue spell." From then till the time of her death she had these "spells," sometimes having several a day, sometimes going weeks and months without having one. She was of good form, intelligent, but about the size, at the time of her death, of a child four years old. She never walked till she was four years old; she was always considered an invalid, and required a great deal of care from her mother. At no time could she walk farther than across the street without sitting down to rest. The fingers were clubbed as well as the toes.

The mother said the "blue spells" were much alike. The child would fret a little, go to her mother's lap, and very soon would straighten out her hands and feet, throw back her head, roll up her eyes, become blue, seem to be distressed for breath, be unconscious; in two or three minutes the color would disappear, the child would go into a quiet sleep for three or four hours, and wake up then as well as ever. Nothing that the mother knew or had observed would cause one of these spells except an attempt at defæcation. That was quite a common occurrence, especially if the bowels were constipated.

The child never had any severe sickness. The night before Dr. Hildreth saw her she had one of the same "spells;" there was nothing remarkable about it, except that at the end of the usual time the color did not disappear. The child had a great many similar seizures whilst she lived, which was about eighteen hours, but the blue color never left. When Dr. Hildreth first saw the patient, which was eight hours before her death, she was in a heavy sleep, with rapid respiration, both eyes turned to the left, the pupils contracted, dysphagia, frothing at the mouth, and a rapid, irregular, and feeble pulse.

When examined, the left lung was partly solidified and full of blood, sink-

ing in water. The left branch of the pulmonary artery was plugged to its union with the right. Nothing abnormal or diseased was observed in the abdominal cavity. The head was not examined.

The aorta arose rather from the right ventricle than from over the septum, and beneath it there was free interventricular opening. The pulmonary artery had three valves, which were sufficiently normal, but below these there was upon or just beneath the inner surface of the right ventricle a considerable amount of a white, opaque, condensed tissue; and this portion of the ventricle, to the extent of nearly half an inch was very much contracted. The ductus arteriosus was about an inch in length, one tenth of an inch in diameter, and pervious for about half an inch; it opened into the arteria innominata. Otherwise the heart was sufficiently well, the increased thickness of the right ventricle being less than is usual in cases of interventricular opening.

Old and Recent Thrombosis of the Left Iliac Vein. — Dr. Fitz showed the specimen, which was from a patient of Dr. A. L. Mason. The case was one of cancer of the uterus. About a year and a half ago uterine hæmorrhages began, and continued from time to time till the patient's death. She was first seen by Dr. Mason about four months ago, when she was suffering from abdominal pain and profuse diarrhœa. Some three months later she was suddenly seized with severe pain in the left leg, as if "struck with a stick;" she became unable to stand. A few days later œdema was present throughout the left lower extremity, with considerable tenderness in the groin and iliac region. This condition persisted till her death.

There was no history of any previous attack.

Dr. E. G. Cutler made the autopsy and reported an extensive ulcerating cancer of the cervix uteri, with invasion of the pelvic sub-peritoneal tissues, particularly in the left side, and perforation of the bladder. Hydronephrosis of the left kidney was present, its ureter being dilated and, near the outlet, cancerous. The right kidney was nearly doubled in size. The heart was hypertrophied; its valves were healthy. The left iliac vein was imbedded in cancerous tissue. For about two inches of its course, and extending into the leg, it was nearly completely filled with a dense, dry, firmly adherent thrombus, continued into the veins of the leg by a comparatively recent one, in part dense and tawny, in part loose and dark-colored, with spots of central softening. Near the upper end of the iliac vein the thrombus was wholly converted into a flaccid, pigmented fibrous tissue, adherent to the wall but to be detached by the application of some force. Near the entrance of the internal iliac the thrombus filled the canal more completely; was organized peripherally, but in the centre contained a yellow, friable, tolerably firm material. A layer of recent clot existed between the periphery of the thrombus and the wall of the vein where adhesions were absent.

Necrosis of the Tibia. — Dr. Cabot showed the specimen. M. H., a boy fourteen years old, entered the Massachusetts General Hospital with the ligaments of the knee relaxed and with necrosis of the tibia. There was no assigned cause. The boy was apparently delicate; the knee was not painful or tender. It was slightly enlarged. He was operated upon, and two sequestra came away, one large and one small. Two days afterwards he commenced

to have erysipelas, which extended above and below the wound. After that there was a chronic cellulitis of the entire limb. The knee was tender, much enlarged and fluctuated. Incisions were made about the knee, and pus was discharged abundantly. The abscess extended into the joint. Pressure made from above caused a discharge of pus from the opened skin at the necrosed tibia. Counter-openings were made at the knee for the exit of pus. The boy was stimulated and fed freely, but was continually sinking until he died, forty-one days after entrance to the hospital.

The Internal Sphincter Ani. — The question of the existence of an internal sphincter ani muscle having been brought up at a previous meeting, Dr. Warren presented the following translation from Hyrtl's Topographical Anatomy:[1] "The internal sphincter ani muscle lies above the external, and is simply an agglomeration of the organic muscular fibres of the intestine, and therefore an involuntary muscle. When the anus is examined with the finger, a well-marked furrow is detected at its inner margin separating the two muscles from one another."

On page 141, Hyrtl describes the sphincter ani tertius. He says, "Surgeons in former times were in the habit of expressing their astonishment at the fact that, after operations for fistula, when the sphincter was divided, no involuntary discharge of fæces occurred. Paget had a patient, from whom he had removed the terminal portion of the rectum, who could retain both fæces and flatus. Houston considered that the intestine, at the point where a fold occurs as it passes through the fascia pelvis, was surrounded by a well-developed band of circular fibres. . . . . Every unprejudiced observer should allow the existence of such a muscle simply from the fact that in prolapsus ani, where both internal and external sphincters are paralyzed, no involuntary movement of the bowels takes place. In rupture of the perinæum and in congenital opening of the rectum into the vagina the same is the case. Ricord saw a woman twenty-two years of age, with this deformity; she had complete power over the contents of the rectum.

"If the finger is introduced into the rectum of a patient who has had no movement for several days, no fæces are found usually immediately above the anus, and yet the column of fæces would naturally sink to this point were it not held back by a sphincter muscle. Although Kohlrausch found, both in patients and in dead subjects, scybala at the lower end of the rectum, and on the strength of this was opposed to the view which allowed the existence of such a muscle in the case of subjects, yet nothing is proved, as the muscle no longer acts, and in the case of patients, abnormal conditions might easily give rise to exceptions.

"Enemata which are not introduced high enough are likely to come away immediately; if, however, the nozzle is inserted sufficiently far they will be retained. O'Brien called attention to the fact that an elastic tube can be introduced some distance into the rectum before flatus is given off. All these observations make it probable, *a priori*, that at a certain distance above the internal sphincter a third sphincter must exist. Nélaton and Velpeau have proved the existence of it, as a thickened ring of muscular fibres four inches

[1] Vol. ii. page 129.

above the anus. This bundle of fibres is, however, not always easy to find. In well-marked cases it is six or seven lines high in front and one inch behind. In order to find it on the subject the intestine should not be too forcibly distended with air. . . . . To show it well, the rectum should be laid open lengthwise and stretched upon a block, and the different layers carefully dissected off until the muscular layer is reached; the sphincter tertius when present will be seen as a broad bundle of thickly packed muscular fibres. Although not always found, there is no doubt that a physiological contraction of the rectum takes place at this point, since the œsophagus, whose muscular layer is of equal thickness in its whole length, has a similar permanent constriction of its lower third, which breaks the force of food that has been swallowed or of flatus that is coming up. In one instance I have observed fibres of the sphincter tertius taking their origin from the sacrum, and have publicly demonstrated them.

"This muscle does not permit the fæces pressing down from the sigmoid flexure to reach the lower portion of the rectum. Only when the desire for an evacuation exists does it relax and allow the column of fæces to come down on to the lower sphincters. These latter can by an effort of the will keep them back for some time, and are aided in their efforts by the levator ani muscle and the nates firmly pressed together; wherefore, one who is in such a critical situation takes good care neither to take long steps nor to run. Finally, even the muscles thus called upon for unusual exertion become paralyzed, and then follows what under such circumstances is inevitable."

THE METRIC SYSTEM OF WEIGHTS AND MEASURES.

We are glad to see the daily press uniting with the scientific journals in advocating a move in the right direction by urging upon the public the substitution of the French decimal system of weights and measures in the place of the unsatisfactory system, or rather systems, now in use in this country and England. We venture to say that there are many of our readers who have occasion to use daily, in making their purchases and writing their prescriptions, both the troy and the avoirdupois ounce, who do not know that they differ by 42.5 grains, or that the imperial and apothecaries' gallon differ by 46.274 cubic inches. This use of the same term to designate totally different amounts both by weight and by measure is one of the most serious objections to its use, and one of the strongest reasons for changing the system.

The decimal or metric system recommends itself at once by its simplicity, by the ease with which reduction from one term to another can be made, and by the simple relation which exists between the units of weight and of measure. In the English system there is no natural relation between these units. The imperial gallon was made by enactment to contain 277.274 cubic inches, and the weight of this volume of distilled water was to be taken as ten avoirdupois pounds, or seventy thousand grains; while the apothecaries' gallon contains 231 cubic inches, or 58,333.31 grains of distilled water, an amount ex-

ceeding ten troy pounds by 733.31 grains. Contrast with this complicated state of affairs the simple relationship existing between the French units of weight and measure. The unit of measure, the metre, is fixed by law as is the English yard. This, however, instead of being subdivided like the yard into 3, $4\frac{6}{1}$, and 36 parts to make the foot, link, and inch, is subdivided into 10, 100, and 1000 parts to make the decimetre, the centimetre, and the millimetre. The multiples are also divisible by ten, the Greek prefixes being used to designate them. The unit of weight, the gramme, is the weight of a cubic centimetre of distilled water under certain definite conditions of temperature and pressure. The unit of volume for measuring liquids is the litre, which is one thousand cubic centimetres or one cubic decimetre, and contains just one thousand grammes of distilled water.

It is a very easy matter, with a little practice, to become accustomed to think according to the terms of the decimal system, and to change from one system to the other, since it is necessary to burden the memory only with the value of a few of the terms. Thus the metre corresponds very nearly with our yard, it being about three and one fourth feet, and the kilometre is a little more than three fifths of a mile. The centimetre is about two fifths of an inch (0.3937), and the millimetre about one twenty-fifth of an inch. The micromillimetre ($\frac{1}{1000}$ of a millimetre), which is only used in microscopic measurements, is therefore about one twenty-five thousandth of an inch (0.000039). The litre is about one and three fourths pints (imperial), or a little more than two pints apothecaries' measure. The kilogramme is a little more than two pounds avoirdupois or two and one half pounds troy. The gramme is about 15.4 grains, or four grammes make about one drachm, and the milligramme is about one sixty-fifth of a grain.

It is now time that the decimal system should be introduced into this country in ordinary business as well as in science, in which the use of the old system has long since been abandoned. And none can so well initiate this change as the members of the medical profession, since the decimal system is now so thoroughly taught in our best medical and pharmaceutical schools.

MEDICAL NOTES.

— At a special meeting of the Board of Overseers of Harvard College, held on Monday, October 4th, inst., the following appointments in the medical school were made for the ensuing year: —

George Frederic Holmes Markoe, instructor in materia medica.

Frank Winthrop Draper, M. D., lecturer on hygiene.

Clinical teachers for the year were appointed as follows: —

Francis Boott Greenough, M. D., and Edward Wigglesworth, Jr., M. D., of syphilis; Clarence John Blake, M. D., and John Orne Green, Jr., M. D., of otology; James Read Chadwick, M. D., and William Henry Baker, M. D., of diseases of women; Charles Pickering Putnam, M. D., and Joseph Pearson Oliver, M. D., of diseases of children; Samuel Gilbert Webber, M. D., and James Jackson Putnam, M. D., of diseases of the nervous system.

— A new benefactor to the human race has appeared in a correspondent of the New York *Medical Record;* he proposes, with a profusion of small capitals, to STAMP OUT epidemics by the thermometer. The plan is simple and eminently practical. In times of epidemics one member of each household is to have a thermometer, and take the temperature of all his fellow-inmates three or four times every day. Charitable associations are to assign members to certain parts of each pauper district, who will do the same for the poor. On the discovery of the slightest deviation from the normal temperature a physician is to be notified, but, by an unaccountable oversight, the way in which he is to do his share of the stamping out is not mentioned.

— It will be remembered by our readers that Dr. Edward Warren, of Baltimore, left this country some three years since to serve in the army of the Khedive of Egypt. Just as he had reached the highest position in that service, the office of surgeon-general of the Egyptian army, he was attacked with ophthalmia of a malignant form. After combating it by every possible means in Cairo, he was finally compelled to go to Paris for treatment, after six months of which he is now left with one eye permanently enfeebled, while the oculists declare that if he returns to Egypt the right eye will be compromised and lost. He has accordingly obtained an authorization to practice in France, and is, we understand, already in a fair way to become a popular practitioner in Paris.

DISPENSARY FOR DISEASES OF WOMEN.

[REPORTED BY J. B. FOLEY.]

Injury by Pessary. — July 7, 1875. Mrs. O'K., forty-two years of age, has had one child, two miscarriages. Menstruation is regular. Bowels are constipated. Micturition is frequent. There is backache, with leucorrhœa and much abdominal pain.

On examination uterus is found to be flaccid, of little more than normal size, very freely movable, and prolapses when the patient stands, being dragged down chiefly by the sagging of the extremely lax vaginal walls. A small erosion on the external os was touched with strong acetic acid. Quinine, a laxative pill, and the cold vaginal douche were prescribed.

Considerable amelioration was reported at the two subsequent visits, but on August 2d the backache and abdominal pains were still so grievous that relief was sought by the introduction of an elastic, round, rubber-coated, watch-spring pessary. The patient was told to return in six days at the latest, and at once if she experienced any pain from the instrument. She was not seen for fourteen days, although she had called several days before, when the dispensary was closed for repairs. She complained of much suffering from pain in the lower part of the abdomen and in the genitals; had had almost constant slight discharge of blood for ten days.

On removal of the pessary, two linear ulcerations were found in the vaginal cul-de-sac, on either side of the cervix, corresponding to the position of the

ring, and evidently caused by it. Two small erosions were also found on either side of the vaginal wall, where the ring had jammed it against the two rami of the pubes. The two ulcerations were so deep that they must have almost penetrated through the vaginal wall. There was no evidence of any spread of the inflammation to the peri-vaginal tissue. Rest in the recumbent position and warm vaginal injections were prescribed.

August 23d the patient presented herself again with the history of uninterrupted abdominal pains; being a poor woman, she had not been able to take the rest that was enjoined upon her. A bimanual examination revealed a round, slightly movable, tender tumor, as large as a plum, to the left of the uterus. Her tongue was slightly coated. The ulcers had contracted considerably.

Dr. Chadwick remarked that this was probably a circumscribed inflammation of the cellular tissue in the left broad ligament (parametritis), evidently owing to direct propagation of the inflammatory process from the ulcer in the vaginal wall on the left of the cervix. This was an admirable instance of the harm likely to arise from the promiscuous use of pessaries. His previous immunity from such accidents he believed to have been due to the fact that he never resorted to a pessary unless it was indispensable, and then only when a patient could be kept under constant supervision. This patient's neglect to return as soon as pain was experienced, and the ill-timed closure of the dispensary for a week, were the causes of her present plight.

The patient was recommended to the Massachusetts General Hospital, where she fully recovered within four weeks, the effusion having been absorbed without suppuration.

Rectocele. — Mrs. A. D., forty-seven years of age, the mother of ten children, had been greatly troubled for over two years by the occasional protrusion of "her womb" between her thighs; at these times she had suffered much pain in the abdomen. The condition was always aggravated during menstruation, and by walking or lifting.

On examination a tumor as large as a fist was found to be protruding from the vulva, which at first sight was taken for the anterior wall of the vagina (cystocele), but proved to be the posterior wall. Its nature was at once recognized from the fact that the tumor retained in a measure the imprint of the fingers; from the rectum the finger entered a large cavity full of soft fæces.

Dr. Chadwick called attention to the formation of the rectocele without any prolapse of the uterus, or any apparent undue patulence of the vaginal outlet. Long-continued and excessive constipation was the probable cause of her condition. In extreme cases scybala lodge in these rectal pouches, and remain there until they become of almost stony hardness. Relief could probably be obtained in this case by laxatives, ice-water enemata, and the insertion of an inflated ring-pessary into the vagina. It was doubtful whether a cure could be effected without the excision of a segment of the posterior vaginal wall, and perhaps also of the apposed wall of the rectum.

September 15th. The patient no longer experiences any pain; she has regular dejections, and is content, but the rectocele still exists, though much less extensive.

LETTER FROM MUNICH.

MESSRS. EDITORS, — Last Sunday morning the Mitglieder of the German "Verein für öffentliche Gesundheitspflege" (sanitary science) were to be seen taking advantage of the beautiful weather to make excursions to the "Starnberger See," or wandering about the streets of the city, at the Pinakothek, in the Rathskeller, in the Hof Bräuhaus, or at the opera. In the evening there was a *gesellige Vereinigung* in the small hall of the colosseum, the large or lower hall of which, as many of your readers will remember, is quite celebrated for its beer. Many of the leading scientific men of Germany were present, among whom Pettenkofer's fine face was easily conspicuous.

The cigars were good and the beer excellent; and one could not help being delighted with the *Gemüthlichkeit* of the occasion, especially toward the latter part of the evening, while it gave to people from different cities an excellent opportunity of becoming acquainted with one another, and exchanging opinions. The real work began *ordentlich* on Monday morning at half past eight o'clock, and there was abundant evidence of that careful, thorough research for which we have learned so highly to respect the Germans. Among the two hundred and thirty-eight members who were present, there were physicians, civil engineers, directors of public institutions, chemists, burgermeisters, architects, manufacturers, merchants, inspectors, professors, apothecaries, health officers, chiefs of police, etc.; and the advantage of looking at the various questions from so many different points of view was very manifest in the discussions which followed upon the reading of the papers.

The large hall of the old Rathhaus, in which we met, contains eighty thousand cubic feet of air, which would have been abundant if there had been any ventilation; but there was not a visible hole for the escape or entrance of air except from the occasional opening of the entrance-door or the door marked *Hier!* At Bristol, they had science enough to knock out the windows, but at Munich their hygiene seemed to be devoted especially to benefiting others than themselves, in passing resolutions that dwellings over stables should be well ventilated, etc.

The first paper was by Dr. Voit, of Munich, on food in public institutions; he said that the inmates of such places, including military schools and barracks, suffer from lack of the nitrogenous elements of food, at least in Germany. Certainly no European country can compare with the United States, generally speaking, in the liberality with which all such persons are fed.[1] Most of the writer's ideas were rather theoretical, and as he had given only fifteen years to the study, he had not prepared any resolution to be passed by the society except that they should make the general subject a careful study for future discussion.

The establishment of a public abattoir in Munich was probably the occasion which gave us two excellent papers on abattoirs and inspection of meat. It was voted unanimously that meat ought always to be inspected, and also the

[1] I do not include in this statement the city insane asylum of Philadelphia nor that of New York, where the average weekly cost of keeping or rather starving each patient is $1.30.

animals before slaughter; and that there is no security against getting bad meat in our markets in any other way. The association could not agree to exclude from the markets dead meat from distant places. The resolution that all cities containing ten thousand inhabitants should have abattoirs, and that all butchers should be compelled to slaughter there and nowhere else, passed without a dissenting voice. It is to be hoped that they will have better success than the Parisians are now having with their enormous abattoir at La Villette, which is, next to the "Liernur system" in Amsterdam, and the rivers Liffey and Clyde, the greatest nuisance which I have seen this side of the Atlantic. Since Napoleon's time, too, the butchers have been allowed to go freely out into the streets with their working clothes on, and the most ardent advocate of women's rights could not deny that there at least the two sexes are equal; but it was not a pleasant sight to have before one's eyes women up to their ankles in mire, carting blood and offal, and driving pigs and cattle. The whole place is disgracefully dirty.

The session continued until two o'clock, with a half-hour's intermission at eleven for breakfast; but at the latter part of the morning many seats became empty. Some went out to get *reine Luft*, and some to the Rathskeller, although it was not fair in my friend from Basel to say that the *Hauptsitze* were in the *keller*.

On Tuesday Dr. Lent, of Cologne, read a paper on the advisability of better certificates of causes of death and more accurate returns, from which the fair inference was that there are other people than many of the town clerks of Massachusetts and *vérificateurs* of France who fail in giving accurate and trustworthy statistics.[1]

Dr. Varrentrapp entered the speaker's desk with such a pile of papers on the Sanitary Requirements of New Buildings, and went so much into detail, that a long and earnest discussion followed. In fact, they went into the matter so *eingehend* that it seemed quite likely at one time that they would not get out again, and I was dismayed when one gentleman said that one of the topics alone needed two weeks to consider it properly; but by the skillful management of the president, Dr. Erhardt, a good deal of valuable breath was saved for future use, and Dr. Varrentrapp's thirty-two "theses" were finally accepted without serious modification. If a *Geheimrath* does not know how wide a street should be, and in what direction it should lie, who does? When the final voting took place, it seemed to me that a great deal was taken on the authority of the Herr Referent, and that many general rules were made with regard to matters which could be decided only from the circumstances of each case. The discussion was prolonged so much that it had to be resumed on the third day, when the members had got fresh strength from a night's rest and the *festessen* of Tuesday evening. In fact, as the clock struck one, I began to fear that the best paper of all, on Typhoid Fever in Munich, would be necessarily crowded out; but at half past one Pettenkofer arose with a few notes in his hand, and in twenty minutes gave us the statistics of the last twenty-five years, showing how they confirmed his views on typhoid fever, its

[1] One of the first questions which I was asked by Dr. Farr, of London, was, "When do you expect to have an accurate registration of deaths?"

causation, etc., at least as far as Munich is concerned. He evidently had studied Lamartine's rule of spending enough time on what he wrote to make it short. He placed his views in better form and more concisely than I had ever heard or seen them before, but I think there was nothing positively new, except the admirable grouping of such a mass of statistics, and the statement that he thought that there is a specific poison which propagates the disease, although at present we are utterly in the dark as to what that poison is. With these cases of twenty-five years he says that the drinking-water had "*gar nichts zu thun*," although he says that the poison may be conveyed to the system in that way.

The meeting broke up after passing resolutions to make extensive and accurate observations in the same general way that Pettenkofer has been pursuing for so many years; and there was a *letzte gesellige Vereinigung* in the evening.

During the afternoons of the three days we were shown various objects of interest in the city. The new school-house, the new *Erziehungsinstitut*, and the new military hospital, were all pronounced *wunderschön*, but they are all far inferior to institutions of the same character which may be seen in England or the United States. In fact, the new wards of the Massachusetts General Hospital are far superior to anything of the kind which I have seen in Europe, not even excepting the new hospital of twelve separate buildings in Berlin, which is said to be the finest in Germany.

The insane asylum is worth seeing. The director has recently had one million guldens voted him, without a dissenting voice, for enlarging and improving and beautifying his buildings and grounds. In all of his windows he is putting panes of *spiegel-glas* (plate glass) about a centimetre thick; it cannot be broken by any ordinary blow. In fact, I could not break it with my fist. Each pane costs a gulden, an extravagance which the *Geheimrath* from Hildesheim said that he had not seen even in England.

Another excellent idea which I noted was the building of large rooms for exercise during stormy weather. The southern sides were almost wholly of glass, and the rooms were not to be heated. The sashes are to be taken out during summer, and the space occupied with plants, shrubs, etc. The superintendent is carrying rather far the principle of decorating the grounds and frescoing the wards and other rooms which are for the most demented patients; but he thinks his experience justifies him in saying that by such means he reduces his number of filthy patients seventy-five per cent.

I spent one afternoon with an English engineer in the sewers, and was almost taken off my feet by the sudden opening of one of the flushing gates. The sewers are, generally speaking, poorly constructed; but the city has at last decided to have a new system of well-constructed sewers, Pettenkofer having finally acknowledged that they do not vitiate the *grund-luft*. The only interesting fact that I noticed was that the sewage from that part of the city where there are no water-closets was fully as offensive as where the human excreta all go into the sewers.

I should have said that during the three days of the session of the Public Health Association very little was said in regard to the question of sewerage, all the authorities being now pretty thoroughly agreed that the best solution of

the question lies in good sewers, well flushed, with the sewage to be gotten *entirely* away before decomposition begins. In such cases the sewage and the sewer-air are not very offensive, and there can be free ventilation in all directions, excepting, of course, into the houses and near the windows and chimneys. Roe, formerly one of the engineers of London, deserves the credit of having first adopted this method, which since his time has been carried out so successfully in London, Liverpool, Hamburg, Frankfort-on-the-Main, and Dantzic. Napoleon's engineers attempted the same thing in Paris, but with far less success than Lindley has met in Hamburg and Frankfort, or Wiebe in Dantzic.

C. F. F.

Munich, *September* 15, 1875.

WEEKLY BULLETIN OF PREVALENT DISEASES.

The following is a bulletin of the diseases prevalent in Massachusetts during the week ending October 9, 1875, compiled under the authority of the State Board of Health from the returns of physicians representing all sections of the State: —

The prominent feature of the returns for the last week is the extensive and increasing prevalence of epidemic catarrh or "influenza;" all parts of the State report its presence, and many observers note its coincidence with the epizoötic catarrh. Diarrhœal affections have subsided. Diphtheria has diminished in the State at large, but is somewhat more prevalent in certain sections. The order of relative prevalence is as follows: Typhoid fever, influenza, bronchitis, diarrhœa, rheumatism, diphtheria, dysentery, pneumonia, cholera infantum scarlatina, cholera morbus, croup, whooping-cough; the first three are the only ones of very general prevalence.

Berkshire: Bronchitis, typhoid fever, diarrhœa, influenza.

Valley: Typhoid fever, influenza, diarrhœa. Springfield and Chicopee report remittent fever. Diphtheria has subsided.

Midland: Typhoid fever, influenza, bronchitis, rheumatism.

Northeastern: Typhoid fever, influenza. Not much sickness. Scarlatina in and around Lynn.

Metropolitan: Typhoid fever, bronchitis, influenza, diphtheria; the latter disease has increased, but is not general.

Southeastern: Typhoid fever, influenza, bronchitis.

F. W. Draper, M. D., Registrar.

COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING OCT. 2, 1875.

	Estimated Population.	Total Mortality for the Week.	Annual Death-Rate per 1000 during Week.
New York	1,060,000	586	29
Philadelphia	800,000	323	21
Brooklyn	500,000	239	25
Chicago	400,000	127	17
Boston	342,000	169	26
Cincinnati	260,000	96	19
Providence	100,700	37	18
Worcester	50,000	22	23
Lowell	50,000	15	16
Cambridge	48,000	23	25
Fall River	45,000	28	32
Lawrence	35,000	20	30
Lynn	33,000	13	20
Springfield	31,000	14	23
Salem	26,000	12	24

Normal Death-Rate, 17 per 1000.

Books and Pamphlets Received. — Vision, its Optical Defects and the Adaptation of Spectacles. By C. S. Tenner, M. D. Philadelphia: Lindsay and Blakiston. 1875. (For sale by A. Williams & Co.)

On Poisons in relation to Medical Jurisprudence and Medicine. By Alfred Swaine Taylor, M. D., F. R. S. Third American from the third and thoroughly revised English edition. Philadelphia: Henry C. Lea. 1875.

Travels in Portugal. By John Latouche. With Illustrations. New York: G. P. Putnam's Sons. 1875. (For sale by A. Williams & Co.)

On Altitude and Climate in the Treatment of Pulmonary Phthisis. By W. Gleitsmann, M. D. (Reprinted from the Transactions of the Medical and Chirurgical Faculty of Maryland.) 1875.

Alimentation and the Gastro-Intestinal Disorders of Infants and Young Children. By B. F. Dawson, M. D. (Reprinted from the American Journal of Obstetrics and Diseases of Women and Children.) New York. 1875.

Anatomical Rooms, a Plan for their Construction, etc. By H. Lenox Hodge, M. D. 1875. (Reprinted from the Virginia Medical Monthly.)

The Cholera Epidemic of 1873 in the United States. Washington: Government Printing Office. 1875.

The Introduction of Epidemic Cholera through the Agency of the Mercantile Marine: Suggestions of Measures of Prevention. By John M. Woodworth, M. D. Washington: Government Printing Office. 1875.

Tinnitus Aurium. Second Edition, with Cases. By Laurence Turnbull, M. D. (Reprinted from The Philadelphia Medical Times, June and October, 1874.) Philadelphia. 1875.

The History of Anæsthesia. By Edward S. Dunster, M. D. (Reprinted from The Peninsular Journal of Medicine, August, 1875.)

Annual Report of the Supervising Surgeon of the Marine-Hospital Service of the United States, for the Year 1874. Washington: Government Printing Office. 1874.

Resigned and Discharged. — Dr. C. H. Davis, Assistant Surgeon Fifth Unattached Battery Light Artillery, M. V. M.

The Boston Society for Medical Observation will meet Monday, October 18th, at 8 o'clock, P. M. Dr. Wigglesworth will read a paper on Multiple Sarcoma (non-pigmented) of the Skin.